

Health and Safety Lawyers Association

Application to join/renew membership of the HSLA

Membership runs from 1 August to 31 July each year

A. Name and Address

Title First Name Surname

Address.....

.....

B. Existing Members

I am an existing member renewing my membership Yes [] No []

C. Other Details

There is no need to complete this section if you are an existing member renewing membership, unless your details have changed.

Position

Practice/Organisation

Postcode DX

Tel: Fax

Email Website.....

D. Website

I am happy for my name to appear on the HSLA website as a member of the HSLA. Please tick the appropriate box : Yes [] No []

E. Payment Options

Please mark one of the following boxes:

[] I enclose a cheque made payable to HSLA in the sum of £55

Or [] Please invoice me for the sum of £55

Please complete this form in block capitals and return it with your cheque (or invoice request) to

Ms Hilary Riddle HSLA Administrator

DX 52056 East Finchley

Or

PO Box 63251, London N2 9UW